7858 U.S. PTO 10/693802	102303
178	

No.		U.S. Pat					PTO/SBIOS (08-03) 1008 DAIS 0551-0032 ENT OF COMMERCE	
Under the Page-work Reduction Act of 1995, no pors; sale	1	nd to a cons	tion of informa	tion unless	it displays	a velid	MB control number.	
UTILITY	A	tterney Do	cket No.		662 US D	2		
PATENT APPLICATIC N	F	rst Invento	·	Eggen e	t et			
TRANSMITTAL	1	Title Process to			for rapid	or rapid		
(Only for new numprovisional applications under 37 t = 1R 1.5	HO)) E	rpress Ma	Labai Na.	EV 1381	72382 US			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent appli: "ion co	ntents. A	DDRES:	s <i>TO</i> :	Commiss P.O. Box	Patent Applique for Pi 1450 IN VA 2231	Hents		
1. Fee Transmittal Form (e.g., PTO/SB/17) Submit on original and a subficiate for fee proces: ng/ Applicant claims small entity status. See 37 CFR 1.27. 3. Described for a local Pages 16 (orefored owngement out forth before 10 coordinates the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence issing, a table.	Nucleotide and/or Amino Acid Sequence Submission     if applicable all mecessary)							
or a computer program liating appendix Background of the Invention		il. 🔽 Paper						
Brief Summary of the Invention     Bitel Ossonption of the Drawings (if filed)     Detailed Description		<u>د</u> 🔽	Statement	s verifyin	g identity	of abo	re copics	
- Claim(a) - Abstract of the Disclosure		ACC	COMPANY	ING A	PPLICA	TION	PARTS	
4. Drawing(s) (35 U.S.C. 113) [Total Sheet		9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of						
Oath or Declaration [Total Shee :     NassAy executed (original or copy)	, ,	11. English Translation Document (# applicable)  12. Information Disclosure Statement (IDS)/PTO-1449  Capital Translation Citations						
b. Copy from a prior application (37 CFR 63(d))  for continuation/divisional with 80x 10 omplet	ED) 1	3. [c] P	reliminary An etum Receip	nendmen	t	_		
i. DELETION OF INVENTOR(S) Signed statement extention detering inverse; 2,(s)	19		Should be spo entitled Copy	ecifically i	temized)	•		
name in the prior application, see 37 CF 1.63(d)(2) and 1.33(b).	10	B. L	l foreign prior onpublication 1)(2)(8)(i). Ap	Request	under 35			
6. Application Data Sheet. See 37 CFR 1 i	17		ther: Patition		Special		***********	
	Continuation	IR 1.76:	of prio	r applicatio	nd in the fi			
Prior emplication information:  Examines  Examines  For CONTINUATION OF DIVISIONAL APPS only: The  time dist  Sb. is considered a part of the disclosure of the ecce.  Paying  The incorporation can only be relied upon when a po  ion has to	losure of the price continuation or d sen inadvertently	livisional ap y omitted fr	on, from whici splication and on the submi	is bereby	Incorporat	ted by	upplied under Box reference.	
	RESPONDEN	ICE ADD	RESS					
Customer Number. 3184	6		OR C	J Corre	spondenc	e addı	ess below	
Name								
Address								
City		Siale		Zip Code				
Country		lephons Fax		*				
Name (Print/Type) William P. Ramey Itl Signature	> Re	diznation (	No. (Attorney	(Ageni)	44.295 Date	1		
This concessor of information is required by AP CPR 100 For USPTO to process) an application. Confidentialities or exact by a including gathering, preparing, and submitting the cow; stad applications are submitting the cow; stad applications.	SUSC. 122 and ition form to the I	137 CFR 1. USPTO, Tim	14. This collect e will vary dec	tion is esti ending up	the public mated to ta	which lee 12 (	ase. Any comments	
on the amount of time you require to complete this for- and Trademark Office, U.S. Department of Commerce. ADDRESS. SEMS TO: Mail Stop Future Applications for Patients, P.O. Box: 1450, Alexandria, V.O. Box: 1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMS TO: Mail Stop Future Applications for Patients, P.O. Box: 1450, Alexandria, V.O. Box: 1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMS TO: Mail Stop Future Applications for Patients, P.O. Box: 1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMS TO: Mail Stop Future Applications for Patients, P.O. Box: 1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEMS TO: Mail Stop Future Applications for Patients and Pati								

Oct 23 03 02:07p

Int rv t Inc.

934 4305

p.3

	red to o	esprand f	U.S. Pale	nt and Te	edement Of	CO U.S. OF	07/31/2006, OA	COMMERCE	
	and to respond to a collection of information unless it displays a volid CMB control number  Complete if Known								
FEE TRANSMITA				To be as	To be assigned				
5 EV 2001	Filing Date				October 23, 2003				
for FY 2004	First Named Inventor			Eggen et al					
Effective 10/01/2003. Patent fees are subject to air all mulsion.	1			TBA					
Applicant claims small entity status. See 37 CI 1.27					TBA	***			
TOTAL AMOUNT OF PAYMENT (\$) 976 30	Afterney Docket No. O 2000.662 US D				2				
METHOD OF PAYMENT (check all that s, wy)	FEE CALCULATION (continued)						<del></del>		
Chock   Credit card   Montay   Other   None      Deposit Account:	Pee Cood 1051 1052 1053 1812 1804 1805 1253 1253 1255 1255	Entity Fee (5) 130 50 130 2,620 920 1,840 110 2,420 950 1,480 2,010 330	2052 1053 11 1812 2,5 1804 9 1805 1,8 2251 2252 2 2253 4 2254 7 2253 1,	155 Surd Correct Surd Correct Surd Correct Surd Correct Surd Correct C	hanga i late thanga - late to sheet it sheet if sheet if a sequence in a	es for export cation of 5 IR cation of Str ply within firs ply within cop ply within thin ply within fou ply within GSI i	ising fee or  is reexamination  is reexamination  it prior to  it after  is month  cond month  and month  and month  is month	Fee Pald	
1003 530 2003 265 Plant Gling fee	1403		1		165 Filing a brief in support of an appeal				
1004 770 2004 365 Reissue fling fee	1400				ued for oral				
1005 180 2005 80 Provisional filing les	145	1, <del>510</del> 2 110	2452			e a public u	se proceeding te		
SUBTOTAL (1) (\$) 770)		3 1,330				- unimentio			
2. EXTRA CLAIM FEES FOR UTILITY ANI REISSLE	150	1 1,339	2501	665 UN#A	ly issue fee	(or reissue)			
Extra Claims belon Fon Paid	150				ign iszue fer	•			
Independent 1 70 10	150				nt issue fee	Commission		130	
Clairis Multiple Dependent =0	145	-	1450			under 37 CF			
Large Entity   Small Entity	180		1806		_		isalusure Strnt		
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	802		6021	40 Rec	ording each	palent assig	nment per	40	
1202 18 2202 9 Claims in excess of 21	150		2809	365 Filir		number of project of a contract of the contrac			
1201 86 2201 43 independent claims in 2005 07 3	181	0 770	2810	385 For	each additio	nat invention	n to be		
1204 85 2204 43 ** Reissue Independe: claims over original pater	164	1 770	2801		-	FR 1.129(0) antinued Exe	mination (RCE)		
1205 18 2205 9 ** Reissue claims in : >xxs of 20	180		}	900 Re		pedited exa			
and over original p: HA	Oth	or lee (s	pecify)	UI (	- acretic abl				
SUBTOTAL (2) (\$ 36.00			y Basic Fili	ing Fee P	sid S	UBTOTAL	(3) (\$) 170.	00	
CLEMENTED BY									
Name Printryce) William P. Ramey III	Registration No. 44.295 Telephone 302 933 4034								
Signature						Date	10/23/2003		

WARNING: Information this form may secome public. Credit card information should not

WARNING: Intownition of this form may accome public. Credit amountaion is secured to the instituted on this country provide credit card information and authorization on PTO-2038.

This ontection of information is equival by 37 CFR 1: and 1.27. The information is required to obtain or estain a benealth by the public which is to file (and by the USPTO to process) we application. Confidentiality is extend by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathwing, preparing, and submitting the cone elod application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this torm. For advantage this burden, should be sunt to the Criof Information Officer, U.S. Patent and Trademark Office, U.S. Department of Communic. P. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.D. Box 1451. Alexandria, VA 22313-1459.

If you need assistance in completing the form, call 1-800-PTQ-9199 and select option 2.